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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/14/2008 FORM APPROVED OMB NO. 0938-0391

D201		WINDOWNO OLIVICES				OMB NO	<u>). 0936-039</u>
and Plan (	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) N A, BU		PLE CONSTRUCTION G	(X3) DATE	
		09G074	B. WI	1G		041	25/2008
NAME OF F	PROVIDER OR SUPPLIER		!	STE	REET ADDRESS, CITY, STATE, ZIP CODE		23/2006
MTS	,			40	012 LEE STREET, NE VASHINGTON, DC 20019		
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W 000	INITIAL COMMENT	s	W	000	, , , , , , , , , , , , , , , , , , ,		
W 124	April 23 through April 23 through April 23 through April 24 through April 24 through April 25 through April 26 through April 26 through April 27 through April	survey were based on residence and day program, oth the group home and day clinical and administrative facility's unusual incident ECTION OF CLIENTS	w	124	· .	THE ALMERT AT IN 33	PERATHENT OF HEALTH
	Therefore the facilit parent (if the client of the client's mediand behavioral state treatment, and of the	y must inform each client, is a minor), or legal guardian, al condition, developmental us, attendant risks of a right to refuse treatment.			W124  MTS has developed standard consent the issue of consent for sedation situal psychotropic drug regimens as well as three directions.	tions and for	
į	Hased on interview facility failed to ensite legally authorized proceedings and medical conditions, status, attendant risinght to refuse treating the sample. (Client	-		ſ	procedures where informed consent is QMRPs and nursing have been trained and are using them for all such situational future sedation situations will be it only after informed consent has been of the guardian of Client #1 and the guardiction making support person for easupported who cannot provide informed themselves5-31)-08.	s required. The d on their use ons at this time implemented obtained from dian or primar	2.
	informed of the risk	ensure Client #1 was and benefits of sedative		-			
BORATOR	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	LATURE		TITLE	<del></del> _	(XB) DATE
	the man	S~.	<del>ر</del>			512 a	1 - 6

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/14/2008 CENTERS FOR MEDICARE MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G074 04/25/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MTS 4012 LEE STREET, NE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PROVIDER'S PLAN OF CORRECTION JD PREFIX (X5) COMPLETION **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 124 Continued From page 1 W 124 medication prior to administering it. Review of the medication administration records revealed that Client #1 received ativan 2 mg on December 4, 2007, prior to a audiology appointment. The record however, failed to have evidence that the client's guardian was made aware and gave consent for Client #1 to receive the medication prior to its administration. In an interview with the Qualified Mental Retardation Professional (QMRF) on April 25, 2008, at 10,00 AM she acknowledged that the Human rights committee was informed of the recommendation but the guardian was not made aware to give informed consent. 483.420(a)(4) PROTECTION OF CLIENTS W 126 W 126 RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them W126 to do so to the extent of their capabilities. Client #2 had his money management objective added to his program in plementation plan in May ... 5-20-08. This STANDARD is not met as evidenced by: The QMRP had reveloped the objective but had not stated it pending staff training. The QMRP will insure Based on observation, staff interview and record that all objectives adopted by the IDT for each verification, the facility failed to demonstrate that individual supported are implemented in the time clients were granted their rights to manage their financial affairs and/or taught to do so to the frame prescribed and the Executive Director will audit compliance in her monthly meetings with each extent of their capabilities for one of two clients in QMRP...5-30-08 the sample. (Client #2) The finding includes:

Interview with the Qualified Mental Retardation Professional on April 23, 2007 at approximately 3:30 PM, revealed that Client #2 was admitted on

February 4, 2008. The QMRP further indicated that the client had an Individual Support Plan

DEPAR CENTE	TMENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES				FORM	: 05/14/2008 APPROVED : 0938-0391
STATEMEN"	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE S COMPLE	URVEY
		09G074	B. WIN	۱G _		n <i>a/2</i>	5/2008
NAME OF F	ROVIDER OR SUPPLIER			4	REET ADDRESS, CITY, STATE, ZIP CODE 012 LEE STREET, NE VASHINGTON, DC 20019	0-1/2	3/2000
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W 126	Continued From pa meeting on Februa		W <sup>4</sup>	126			
	staff on April 24, 20 revealed that Clien pizza boxes. The t day program indica	08 at approximately 10:30 AM #2 participated in folding illingual teacher at the client's ted that after the client initial client could potentially earn a					-
W 140	a Comprehensive I February 2007. the client could not idea combinations. Rev Program Plan (IPP) revealed no eviden developed a progra money manageme	t #2's clinical record revealed unctional Assessment dated assessment revealed that the stify coins or make coin lew of the client's Individual dated February 27, 2008 that the facility had m objective based on the streeds identified in the sive functional assessment.	W 1	40			
	The facility must es that assures a full a	tablish and maintain a system nd complete accounting of ds entrusted to the facility on			W140		
	Based on staff interfacility falled to mal full and complete a funds entrusted to the two clients in the The finding includes			1	The client financial records mentioned are main office and have been faxed to HRA. will insure in the future that the records an during the survey process as per normal process as per normal process as per normal process as per normal process. The Executive Director has spoken to the maintenant process of the maintenant process of these records about insuring the Such records will in the future be sent to the day one of any survey to insure they can be by the surveyor5-30-08.	The QMRP e produced actice and coounting nee and ce same.	
	In an attempt to rev Clients #1 and #2 o	ew the financial records for n April 24, 2008 there were no					

DEPAR	TMENT OF HEALTH RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES			·	FOR	D: 05/14/2008 M APPROVED
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W 140			W 1	140			-
W 153	QUalified Mental Ref (QMRP) on April 25, statements were loc would be brought to end of the survey, the made available for rethe QMRP indicated monthly Social Secuno other means available results.	illable. Interview with the ardation Professional 2008 indicated that the bank ated in the main office and the facility for review. By the bank statement were not view. It should be noted that that only Cilent #1 received a rity Income (SSI). There was lable for Surveyors to assess management of client's		53			-
	injuries of unknown simmediately to the acofficials in accordance established procedur.  This STANDARD is Based on interview, it and review of medical ensure that all unusure of unknown origin we the administrator and district law (22 DCM 3519-10) for three of sample. (Clients #1.)  The findings include:  1. Review of the incidence of the incidence of July 19.	ministrator or to other e with State law through es.  not met as evidenced by: eview of unusual incidents, records, the facility failed to al incidents including injuries re reported immediately to other officials according to R, Chapter 35, Section the three clients in the		E O A m c m p d d o o ii O n ii d d r v ii d r	MTS' management team which includes a Executive Director, QA/Special Projects Consultant, IMC/Corporate Consultant and Aursing discussed this issue at length in the monthly team meeting and using this surveyidence of the issue. Improvement in term to the interest of the issue, Improvement in term to the IMC is immediately notified when incident management procedure will be madesponsible for insuring that the IMC is not meeting the improvement of the IMC is not meeting the improvement of the insuring that the IMC is not meeting the incident occur as oppositely when incidents occur as oppositely the incident management procedure will be madesponsible for insuring that the IMC is not meeting that it is responsible for notification the insuring that the IMC is not meeting the insuring the insuring that the IMC is not meeting the insuring the insuring that the IMC is not meeting the insuring the IMC is not meeting the IMC in the IM	Corporate d Director of the May 21st ey as ms of timely one fo insure a incidents notifications ATS' odified. The lee obtified was in the eying the PCP ifications in aining of the	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/14/2008 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING B. WING 09G074 04/25/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4012 LEE STREET, NE MTS WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) W 153 Continued From page 4 W 153 where a by-stander reported that staff was observed hitting the clients in the head and pulling on their clothing. The incident was reported to the administration on July 20, 2007; however, the incident was not reported to the state agency until August 4, 2007, 16 day later. 2. Review of the incident reports on April 23, 2008, at 4:30 PM revealed an incident that occurred on March 12, 2008 that documented Client #2 was on discovered missing from the facility. The incident was not reported to the state agency until March 15, 2008, three day later. 3. Review of the facility's incident reports on April 23, 2008 at approximately 4:00 PM revealed that on July 13, 2007 Client #1 was taken to the The RN in question for issue #3 has been re trained by the Director of Health to insure that she understands emergency room due to an enlarged scrotum. He that she must continue to use options to contact the received a sonogram at the ER and was diagnosed with epididymitis. The client was treated and discharged. On July 19, 2007 the client was evaluated by his primary care physician PCP until reached when medical concerns must be communicated. The nurse in question admits not going beyond the initial phone call to the PCP when she found the message box to be full. Other methods for (PCP) noted the following: "contusion testicles and penis, supra-pubic, what caused the trauma? Why was I not notified? where is ER sheet?" The reaching the PCP have been communicated and disseminated although this is an isolated incident and not an ongoing problem...5-30-08. PCP ordered that the client see the Urologist. In an interview with the Qualified Mental Retardation Professional on April 25, 2008 at approximately 9:30 AM, she indicated that although the nurse indicated that she notified the physician, it was determined that the PCP's answering service was full and she could not leave a message.

There was no evidence that the contusion to the clients scrotum was reported to the state agency and the administrator as required by their policies

and District of Columbia regulations.

DEPAR	08 04:52P RTMENT OF HEALTH	AND HUMAN SERVICES			PRINTE	್ತು ೮±೮ ≧D: 05/14/2008
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W 154	483.420(d)(3) STAF CLIENTS	F TREATMENT OF	W 154	·	<del></del>	,
	The facility must hay violations are thorou	e evidence that all alleged ghly investigated.				-
	failed to ensure that injuries of unknown	not met as evidenced by: nd record review, the facility all allegations of abuse and origin were thoroughly of the three clients (Client p facility.				
	The finding includes:	S incident roports on A-3				
	on July 13, 2007 Clist community of July 13, 2007 Clist community of C	ately 4:00 PM revealed that nt #1 was taken to the to an enlarged scrotum. He at the ER and was ymitis. The client was ed. On July 19, 2007 the by his primary care physician wing; "confusion testicles c, what caused the trauma?				
 	In an interview with the Retardation Profession Retardation Profession Retardation Approximately Palthough the nurse in Physician, it was determine	inal on April 25, 2009 🛶 🔠				
W 159 4	here was no evidence lients scrotum was in 83.430(a) QUALIFIE	DMENTAL	W 159			

MTS 4201 Connec	ticut Avenue. NW, Suite #	405, Washington DC 20008	:
FAX Cove	r Sheet		
Fax No:20	)2-442-943 <b>0</b>		
Date:5/23	/08		
To: Patrio	ia VanBuren		
No of pag	jes (including cover	sheet)	
Message	<i>8</i> 0	<u></u>	
			-
From:	Evette Moore	_ Phone:202-244-4500	

DEPARTMENT OF HEALTH IND HUMAN SERVICES PRINTED: 05/14/2008 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (1) PROVIDER/SUPPLIER/CLA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G074 04/25/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MTS 4012 LEE STREET, NE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 159 Continued From page 6 W.159 RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observation interviews with the Qualified Mental Retardation Professional (QMRP) and record review, the QMRP failed to ensure integration, coordination and monitoring of client's active treatment regimen. W159 The findings include: The Executive Director has reinforced with the QMRP that she must review progress on all objectives Review of Client #1's ecord on April 25, 2008 at formally adopted by the IDT for each person approximately 9:15 AM revealed that the client supported including self medication objectives run by had a self medication program to "Get his water nursing. The QMRP began reviewing the self to take medication with 80% verbal assistance medication objective...5-20-08. Although this is not a concern elsewhere, the from staff." Review of the QMRP notes on April Executive Director reminded all QMRPs of this 25, 2008 at 9:30 AM failed to have evidence that requirement in her May meeting with the Management the program was being monitored. In an team ... 5-20-08. interview with the QMRP on the same day at In addition, the Executive Director will audit program approximately 10:45 AM, she acknowledged that implementation and review in her monthly meetings she had not been monitoring the clients progress with each QMRP. QMRP duties checklists reflect this in the aforementioned program, consideration...5-30-08. W 227 483.440(c)(4) INDIVIDUAL PROGRAM PLAN W 227 W227 The individual program plan states the specific objectives necessary to meet the client's needs, The self medication process that was being done informally for Client #2 has been made a formal as identified by the comprehensive assessment program objective that is now being run...5-20-08. required by paragraph (c)(3) of this section. See also W159 above. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that an

If continuation sheet Page 8 of 14

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<u>- CENTERS FOR MEDICARE</u>	AND HUMAN SERVICES & MEDICAID SERVICES			FOR	ED: 05/14/20 RM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) M A. BUII	ULTIPLE CONSTRUCTION LDING	(XX) DATI	IO. 0938-039 E SURVEY PLETED
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the interdisciplinary comprehensive assectionts in the sample	ped to address self rogram need as identified by eam (IDT) in the ssment for one of the two (Client #2)	W 22	DEFICIENCY)	<u> </u>	
The Licensed Practic client's medications, water and the nurse medication and he coverbal prompts. Inte that the client did not program. Review of assessment dated Fraction and independent from a modific medication program. Mental Retardation Practice industries and objective had not been assessment dated.	7:21 PM, Client #2 was nistered his medications. al Nurse (LPN) prepared the the client poured a cup of randed the client the cup of randed the client the cup of randed the medication with view with the LPN indicated have a self medication he self medication bruary 26, 2008 on April 25, cated that the client would d version of a self Interview with the Qualified rofessional (QMRP) and cated that the program h developed.				
goal or objective for the in self medication.  W 242 483.440(c)(6)(iii) INDI  The individual programathose clients who lack skills essential for prival (including, but not limit personal hygiene, despathing, dressing, groof basic needs).	al Program Plan (IPP) 108 revealed no program 108 revealed no program 108 revealed no program 109 revealed no program 109 revealed to receive training 109 vibual PROGRAM PLAN 109 plan must include, for 109 them, training in personal 109 and independence 109 and independence 100 to toilet training, 100 that hygiene, self-feeding, 100 ming, and communication 100 has been demonstrated 100 pmentally incapable of	W 242	Client #2 is newly admitted to the progra 2008). A tooth brushing objective was ac formal program plan in May 5-20-08. In addition nursing will insure that staff i support Client #2 on a daily, routine basi brushes including providing touch up and brushing support if needed to insure his to thoroughly brushed 6-10-08.	s trained to s when he	
M CMS-2567(D2-99) Pravious Versions Obs					

Event ID: TMEY11

Facility ID: 09G074

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA	CYTYA	UI TIPLE COM					), 0938-039 <sup>-</sup>
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11 242	Continued From pagacquiring them.	<b>8</b>	W 2	42					
	review, the facility fail individual program plate personal skills in both	not met as evidenced by: I staff interview and record ed to ensure that clients his (IPP) included training in formal and informal setting tts in the sample. (Client							
ı		onference with the Qualified ofessional (QMRP) on April tely 3:30 PM revealed that into the facility on							
W 249	On April 23, 2008, Clie brown stains on his ted medical record revealed dated March 18, 2008, moderate and heavy or quadrants. According functional assessment indicated that the client thoroughly brush his ted IPP dated February 273:00 PM failed to identiprogram.	alculus deposit on all teeth to the comprehensive dated February 2008 required assistance to eth. Review of the client's 2007 on April 24, 2008 at fied a toothbrushing	W 249	W249		·			
·   1	As soon as the interdistiction of the control of th	vidual program plan, a continuous active sting of needed es in sufficient number t the achievement of the		The library implement Client #2 is proper ider library care	Tuticat on and a	i. nce who came w s such, could not been addressed	- allen	t	
	->-> Versions Obso	ete Event ID: TMEY11	Fa	cility iD: 09G074			<u>:</u>	<del></del>	<u></u>

12년 보고 12

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/14/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT AND FLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE S COMPLI	
		09G074	B. WII	AG ^		04/2	5/2008
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W 249	Continued From probjectives identified plan.	age 9 d in the individual program	w:	249		-	
•	Based on interview failed to ensure the interdisciplinary temprogram plan, each active treatment seand frequency to a objectives identified	m formulated client's individual of client received continuous ervices, in sufficient number upport the achievement of the lin the Individual Program of the two clients included in					
,	The finding include The facility failed to evidenced below:	s: implement Client #2's IPP as					
	Professional (QMF 23, 2008 revealed the facility on Februare and the facility on Februare and the distribution Plan (II 27, 2008. The interpretation of the library and the library and the library and the library and program. The QM program would be at the time of the sensure the program.	Qualified Mental Retardation P) and record review on April that Client #2 was admitted to pary 4, 2008. Further interview ient had an Individual IP) meeting dated February view with the QMRP revealed vidual Program Plan (IPP) to select reading material had ted. The surveyor askedd the applementation of Client #2's RP's response was that the implemented soon.  urvey the facility failed to to achieve the client's a library had not been					
DRM CMS-25	67(02-99) Province Various			,			

CENTERS FOR MEDICA	TH AND HUMAN SERVICES RE & MEDICAID SERVICES					性シャン・
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:	<del></del>	ILTIPLE CONSTRUCTION		MB N	ED: 05/14/2 RM APPRO NO. 0938-0 E SURVEY
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	OGRAM MONITORING &	TAG W 263	CROSS-REFERENCED TO THE APP DEFICIENCY)	ROPRI	ATE	COMPLETION DATE
The committee shot are conducted only	uld insure that these programs with the written informed	j i	W263 See responses for W124 above5-3	0-08.		
intervention technique behavior modifications, were conformed consent of the client is a minor) or letter the came to the clients in the same	he client, parents (if the					
appointed guardian to making. Review of the that he received Ativar audiology appointment evidence that the guardineed for the sedation p in an interview with the at 10:00 AM she acknowhad not given consent.  V 331	assist nim in decision clients record revealed 2 mg prior to an The record failed to have lian was informed of the rior to its administration. QMRP on April 25, 2008, wiedged that the guardian GERVICES	W 331				
The facility must provide services in accordance	with their needs.					
This STANDARD is not						
CMS-2567(02-99) Previous Versions Obsol	Event ID: TMEY11	Facility ID:	: 09G074 If continuation	n shee	Page	11 of 14

1. Review of the facility's incident reports on April 23, 2008 at approximately 4:00 PM revealed that on July 13, 2007 Clien #1 was taken to the emergency room due to an enlarged scrotum. He received a sonogram at the ER and was diagnosed with epididymitis. The client was treated and discharged On July 19, 2007 the client was evaluated by his primary care physician (PCP) noted the following: "contusion testicles and penis, supra-pubic, what caused the trauma? Why was I not notified? where is ER sheet?" The PCP ordered that the client see the Urologist.

In an interview with the Qualified Mental Retardation Professional on April 25, 2008 at approximately 9:30 AM, she indicated that although the nurse indicated that she notified the physician, it was determined that the PCP's answering service was full and she could not leave a message.

2. During evening observation on April 24, 2008 at approximately 5:45 PM. Client #1 was observed wearing adult protective undergarments. According to a Urology consultation report dated April 4, 2008, the client was prescribed the bactrim due to a positive urine culture obtained on March 20, 2008. Review of the physician's orders on April 25, 2008 at 9:40 AM failed to have evidence that the PCP ordered

See responses for W153

There was a telephone order that the RN failed to transcribe onto the physician's orders in a timely manner. The Director of Nursing has met with the RN and reinforced the importance of doing so immediately...5-

The order is now ranscribed...5-22-08. Physician's orders will be audited monthly to insure that they accurate y reflect all medications, treatments and the proper diet prescribed for each person supported at Lee. 5-30-08. Further, the DON will audit compliance in her monthly meeting with each RN...6-1-08.

W331

The Lead RN has been instructed to recover the missing ER report including follow up with the hospital if necessary...5-30-08. See also, the responses for W153

DEPARTMENT OF HEALTH AND HUMAN SERVICES

_CE	NTERS FOR MEDICAR	HAND HUMAN SERVICES			•		PRINT	ED: 05/14	Mana
STATE	MENT OF DEFICIENCIES	E & MEDICAID SERVICES	<u></u>				į FQI	RM APPRI	OVED
AND P	LAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)	MUL	TIPLE CONSTRUCTION		DMB N	<u>10. 0938</u> -	0391
1		TOTAL TON NUMBER!	A. BL	.10 tən	NG TO TONOTHUR		(X3) DAT	ESURVEY	
		0000-				<del></del>	COM	PLETED	ŀ
NAME	OF PROVIDER OR SUPPLIER	09G074	B. W	ING_	<del></del>	<u>-</u>	' ]		
I				ST	PEET ADDRESS	<del></del>	04	/25/2008	
MT:		-		1 4	REET ADDRESS, CITY, 6 1012 LEE STREET, NE	STATE, ZIP CODE			
(X4)	ID			ĺν	NASHINGTON, DC	20040			- 1
PRE	IX (EACH DESICIENCE	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	1					Į.
TAC	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFI			PLAN OF CORRECTI TIVE ACTION SHOU		(X5) COMPLET	
<u> </u>	<del></del>		TAG	;	ALADO-VELEVEN	CLU TO THE ABORA	PRIATE	COMPLET	TION !
W 3		ge 12	<del></del>		j	EFICIENCY)			- 1
	the medication Tal	a infa	_ w 3	331	•			<u> </u>	
				- 1	·				-
,	telephone order in t	e record.	or	1	•				
	1			l	·	•			
	2008 at 4:30 DM	dent reports on April 23,	•	- 1					į
	OCCURED ON May 13	ealed an incident that	1	- 1					- 1
		2007 that documented tained a "small" abrasion to		- 1				1	
	his right arm. The in	cident further indicated that						1	
	first aide was provid	d. Review of the nursing		- 1		•			- []
	notes on April 24, 20	08 at 2:30 PM reflected a	1	.	•			1	li.
	Client was 4-1	007 that documented the		1				1	
				].					
	to get out of his who	to lailing while trying	}	-					
	documented that the	eliant to the nurse							
	right elbow. On June	2. 2007 the nurse		-			1	•	
				- [	•	••			
	without sutures but w	as informed by the staff		-					
				- }			1 1		
	Mental Retardation. Inte	rviews with the Qualified					1 1		1:
				1	•				.
	AM revealed neither if	MSB approximately 10:15		1					
	the ER discharge rec	rd. It should be noted that	1	1		•			11
	the clients ER visit wa	s not reported to the state		1				•	
	of Columbia	their policy and the District	1	1					
	failed to indicate the	is. The medical records							l i
•	physician was notified								{
W 371	483.460(k)(4) DRUG	Of the ER visit		Í	,				
			W 371		333	•	1		
	The system for drug at	iministration must assure			W371				
ĺ				1	See responses for V	VISO and Strang			
			ı		7	- 127 anu W 42/			
		Politica e e e				_	į l		
- 1	does not specify other				•	_			
	-5 OUICIA	rioc,		l		•	i l		1

	NUMER OF HEALTH	AND HUMAN SERVICES	ì						L		
	RS FOR MEDICARE	& MEDICAID SERVICES				,			FQ	ED: 05/14/ RM APPRO	VΕ
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUIL		TIPLE CONSTRUCTI	ON		(3) DAT	VO. 0938-( TE SURVEY IPLETED	139
11110 00		09G074		B, WIN	G_						
	PROVIDER OR SUPPLIER		†		ST	REET ADDRESS, CI	TY STATE ZID CO		0	4/25/2008	
MTS					4	4012 LEE STREET, WASHINGTON, D	, NE	JUE			
(X4) ID	SUMMARY STA	EMENT OF DEFICIENCIES	┼-;-	<u>_</u> _							
PRÉFIX TAG W 371	REGULATORY OR L	MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)		ID PREFIX TAG	:	(EACH COR	ER'S PLAN OF COF RECTIVE ACTION RENCED TO THE DEFICIENCY)	SHOULD	/pc	(X5) COMPLET DATE	ION
VV 3/ [	Continued From pag	e 13		W 37	71						
	review, the facility fa system to provide a self-administration of	not met as evidenced by: n, staff interview and record led to establish an effective raining program for medication for one of the n the sample. (Client #2)							,		
	The finding includes: The facility failed tea participate in a self n recommended in his assessments.	ch Client #2 to administer of		٠							
	receiving Atarax 25 n administered by the r nurse revealed that the a self-administration throughout the surve	g, prepared and urse. Interview with the e client was not involved in rogram. Observations revealed the the client was									
V G	lated February 26, 20 lient was recomment with nurse supervision	medical record on April 25, nedication assessment 08 that indicated that the ed for a program objective; however, there was no ty had implemented a self									
							•		:		

stateme And Plan	ent of deficiencies Nof Correction	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	A. BUILDI	**************************************	(X3) DA	TE SURVEY MPLETED
NAME OF	PROVIDER OR SUPPLIER	09G074		B. WING			Alashaa
MTS	<del></del>		4012 LEE WASHING	STREET, N STON, DC 2	STATE, ZIP CODE IE 20019		4/25/2008
(X4) ID PREFIX TAG	/ (SACO DEFICIENCY )	EMENT OF DEFIDIENCIES  NUST BE PRECEDED BY  DENTIFYING INFORMA		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)		(X5) COMPLETE DATE
0001	INITIAL COMMENT			1 000			
	This re-licensure sur April 23 through April initiated using the fur random sample of tw from a residential po- various degrees of d	25, 2008. The sundamental survey properties of the survey properties of	vey was ocess. A				
	The findings of this sobservations at the restaff interviews at bot program, review of clarecords to include the incident reports and program and process.	sidence and day pr h the group home a nical and administra droup home/o	ogram, nd day				
1 022	3501.5 ENVIRONME SPACE	NTAL REQ / USE O	F	1 022			
	Each window shall be shades or blinds, whic good repair.	supplied with curtai h are kept clean, ar	ns, id in		,		
	This Statute is not me Based on observation Mentally Retarded Per ensure that the blinds good repair.	the Group Home for	3 z 1		3501.5 The blinds will be replaced by6-1	I-08.	
J	The finding includes:				•		
	On April 25, 2008, beg environmental walk-thi exterior of the GHMRF				·		
N T	There were broken lou window in Client #1 and	ers in the blinds at #2's bedrooms.	the				
	3504.1 HOUSEKEEPIN		ľ	090			
Regulation	he interior and exterio	of each GHMRP s	hall be				
ATORY D	DIRECTOR'S OR PROVIDER/S	UPPLIER REPRESENTAT	™E'S SIGNAT	TURE .	TITLE		(XB) DATE
4131			8850	TME	Y11	74	on sheet 1 of 16

						FORM	MAPPROVE	
STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU 09G074	R/CLIA MBER:	(X2) MUL A. BUILD B. WING	<del></del>	(X3) DATE COMP	SURVEY LETEO,	
NAME OF	PROVIDER OR SUPPLIER	100014	STREET AD	DRESS CITY	, STATE, ZIP CODE	04/	04/25/2008	
MTS		4012 LE		STREET,	NË			
(X4) ID PREFIX TAG	I LACH DEFICIENS	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	JOHÚ DIBE	(X5) COMPLETE DATE	
	This Statute is not Based on observa ensure the interior was maintained in attractive, and san accumulations of codors.  The findings Include	irf, rubbish, and object met as evidenced by ion, the GHMRP failed and exterior of the GHB safe, clean, orderly, tary manner and be frit, rubbish, and object	i to IMRP ee of tionable		The list of repair issues cited under a shared with the MTS maintenance or complete repairs for those issues releaservice by6-10-08.  The QMRP has reviewed the home s issues with the facility manager to in daily upkeep and cleaning concerns a timely manner (for example, approprup, routine dusting, routine bathroom facility manager will use the MTS en checklist to audit for all repair and up a routine, monthly basis and will repoissues to management and instruct diresponsibilities that accrue to them  Further, the QMRP will insure that the	entractor who vivant to his taff relevant sure that routin tre addressed in iate kitchen cle clean up). The vironmental keep concerns ort all repair ect care staff o 5-1-08.	vill c, a a aan c on	
	2. The vent in the	naif bathroom was rus	ted.		schedules of each person supported re chores implemented with staff suppor	flects rotating		
	<ul><li>4. Dust was on the facility.</li><li>5. The top dresser</li></ul>	floor boards througho	out the		-			
	Has on Back,	n the windowsill in Cli	]					
	7. The window sill ( residue on it.	n the kitchen had a sti	cky		•			
	naild-ob ou tue can	n had a black substan king (possibly mold),						
} ;	arease purio-fib ou i	in the oven hood had	<b>a</b> .				;	
FATE FORM	tion Administration			<del></del>			<u> </u>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN B. WING	TPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER	09G074	STREET AG	Dhidaa amii		04/25/2008	
MTS		4012 LEE	STREET, N STON, DC 2	STATE, ZIP CODE IE 19019	1	
FREEK   LEACH DEFICIENT	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA		ID PREFIX TAG	OULD BE COMPLETE ROPRIATE 'DATE		
1094 3504.5 HOUSEKE			1 094			
provided for each f 3502.17, each pier	opriate storage shall ood item in accordan e of cleaning equipm II, linen, or other hous	ce with §				
based on observat	Statute is not met as evidenced by: I on observation, the facility failed to ensure late storage was provided for food items, anding includes:			3504.5  The RN will train the relevant staff me, proper storage of various foods and drift	mbers on nks6-10-08.	
Juice was observed the stove. Further revealed that it had instructions on the should be refrigerated.	on of the kitchen on A tely 9:19 AM, a bottle in the cabinet located in the cation of the bottle been opened (no dai bottle indicated the collection of the attention of the attention	of lemon d over e te ) and ontents			1	
1 165 3507,4(c) POLICIE The manual shall in	corporate policies an		1165			
(c) Health and safet and evacuation, info procedures for eme resident;	ast the following:  y, which covers fire section control, medicangering and the death	afety tion, and of a		3507.4 (c) Attached are copies of MTS' policies ac client death and our End of Life policy.	ddressing a	
GHMRP failed to en	net as evidenced by: and record review, the sure a policy on include traums and c	e	:			

STATEMEN AND PLAN	TATEMENT OF DEFICIENCIES  ND PLAN OF CORRECTION  (XI) PROVIDER/SUPPLIER/CLIA  (DENTIFICATION NUMBER:		VCLIA IBER:	A. BUILDI		(X3) DATE SURVEY COMPLETED			
	·	09G074		B. WING		04/25/2008	₹		
NAME OF	PROVIDER OR SUPPLIER	-	STREET ADD	ADDRESS, CITY, STATE, ZIP CODE					
MTS			4012 LEE : WASHINGT	Street, N Ton, DC 2	IE 00019				
(X4) ID PREFIX	SUMMARY STAT	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECT	TON (X			
TAG	REGULATORY OR LE	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSCI DENTIFYING INFORMATION)			(EACH CORRECTIVE ACTION SHOULD BE COMPL CROSS-REFERENCED TO THE APPROPRIATE DAT DEFICIENCY)				
1 165	Continued From pag	age 3		I 165					
	The finding includes				,				
	Interview and review	w of the GHMRP's pol	īcies						
	revealed the GHMR	anual on April 24, 2008 RP failed to have a pol	iou to			. ] [	ž.		
	include death of a resurvey.	es dent at the time of	the	-	·				
l 184	3508.5(a) ADMINIS	STRATIVE SUPPORT		1184					
	Each GHMRP shall	have an organization	chart		3508.5(a)				
	that shows the follow	Wing:			A copy of the MTS organizational charts	has been	ı		
	(a) All major compor	nents of the administe	erina		faxed to HRA5-15-08. The organizational chart is in the home p	olicy manual			
	agency or the roles of licensee is not an ag	Oflindividuals when the	e		The executive Director reinforced this w in their most recent management meeting	ith the QMRP	Ī		
	•	· .			in don most recent management meeting	35-22-08.			
	This Statute is not n	met as evidenced by the policy and proced					j		
. ]	manual and request	î Qî Manadement staff	tho	ļ	.*		- 1		
	GHMRP failed to pro depicting titles and n	Ovide an organizations	al chart						
	The finding includes:	52			, ·				
İ	An organizational ch	hair was requested at t	the		•		1		
l	AIVI. I DIS SULVEVOR VI	e on April 24, 2008 at : was not provided a co	9:00   pv of						
	the organizational ch	hait.							
		TRATIVE SUPPORT	Į.	185	•				
	Each GHMRP shall that shows the follow	have an organization o	chart						
	(b) The personnel in	charge of the program	n						
	components;								
ealth Regula	Uon Administration					,	1		
TATE FORM	i - Amitanistration	<u> </u>				<del>-</del>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(×1) PROVIDER/SUPPLIE	R/CLIA MBER;	A BUILDI	<del></del>	(X3) DATE SURVEY COMPLETED			
		09G074		B. WING		04/2	5/2008		
NAME OF	ROVIDER OR SUPPLIER	-	,	ADDRESS, CITY, STATE, ZIP CODE					
MTS			WASHING	EE STREET, NE NGTON, DC 20019					
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIE	3	1D	PROVIDER'S PLAN OF CORRECT	ION	(X5)		
TAG	REGULATORY OR	Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL TION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	COMPLETE		
1185	Continued From p	age 4		l 185			- :		
	This Statute is no	met as evidenced by			·		ł		
	Based on record 🗗	eview, the GHMRP fai	led to						
	nave an organizati	on chart the showed t	he l						
	personnel in charg	e of the program com	ponents.						
	The finding include								
	There was no orga	nization chart that list							
	personnel in chard	e of the program com	ea the	•			- 1		
	,	e or the brodiatil coll	houseurz.			,			
186	3508.5(c) ADMINI	STRATIVE SUPPORT	-	I 186					
	Each GHMRP sha	l have an organizatior	charf						
	that shows the foll	wing:			3508.5 (b), (c), and (d)				
	(c) The categories and direct care sta	and numbers of supports; and	ortive		See response for 3508.5 (a) above.	ĺ			
	manual and reques GHMRP failed to p	met as evidenced by: I the policy and proced It of management stat rovide an organization Is and numbers of sup	fures						
	The finding include	s:							
	AM. This surveyor the organizational	hart was requested at e on April 24, 2008 a was not provided a co hart throughout the su gories and numbers of ct care staff.	t 9:00 py or						
L	.8	TRATIVE SUPPORT	1	l 187					
	Each GHMRP sha that shows the folio	have an organization wing:	chart :						
ealth Regula	tion Administration	<u> </u>							
TATE FORM	1								
			506	, o.	MEY11	If continuation	sheet 5 of 16		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUM	1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRU		(X3) DATE SURVEY COMPLETED	
		09G074	<del></del>	B. WING			04/2	5/2008
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP COI	DE		ţ
MTS		<u> </u>		STREET, N STON, DC 2				
(X4) ID PREFIX TAG	SUMMARY STAT (EACH DEFICIENCY REGULATORY OR LS	MENT OF DEFICIENCIE ULST BE PRECEDED BY DENTIFYING INFORMA	S FULL (TION)	ID PREFIX TAG	(EACH	VIDER'S PLAN OF CO! CORRECTIVE ACTION REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(745) COMPLETE DATE
1 187	Continued From pag	<b>5</b>		1187				}
·	(d) The lines of auth	rity.						' [
·	This Statute is not reason of the Based on review of manual and request the GHMRP failed to chart depicting the li	e policy and proce nade of managem provide an organiz	dures ent staff.			, ,		·
	The finding includes	•				-		
	An organizational chentrance conference AM. This surveyor the organizational cletermine the lines	on April 24, 2008 a vas not provided a c part throughout the s	at 9:00 copy or					. ,
1 188	3508.6 ADMINISTR	TIVE SUPPORT		1188				
	Documentation that as required by each Habilitation Plan inc agreements, receipt available for review personnel.	esident 's Individu liding contracts, ver s, and paid bills sha	al ndor il be		3508.6 Client #2 is program to a completed b	a new admittance. Following a new admittance. Following an agreement y6-1-08,	low up with his day with MTS will be	
	This Statute is not re Based on interview a GHMRP failed to en services are on file to review.	nd record review the	ie or outside		,		•	
	The finding includes							
	Interview with the Q available outside co to show evidence of for the day program	tract on April 24, 20 any contractual agr	008 failed eement					
					,			1
Health Regul STATE FOR	ation Administration M			RASS -	TMEY11	<u>                                     </u>	1f continuet	on sheet 6 of 16

STATEMENT ( AND PLAN OF	OF DEFICIENCIES CORRECTION	(21) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MULT A. BUILDII B. WING		(X3) DATE SURVEY COMPLETED
NAME OF PRO	MDER OR SUPPLIER	096074	etoeey an			04/25/2008
MTS	<u>.</u>		STREET ADDRESS, CITY, STATE, ZIP CODE 4012 LEE STREET, NE WASHINGTON, DC 20019			
(X4) ID PREFIX TAG	CEACH DEFICIENCY	EMENT OF DEFICIENCIE NUST BE PRECEDED BY CIDENTIFYING INFORMA	RECEDED BY EUR			
1 203 C	ontinued From pag	j <b>e</b> 6		1203		-
1203 3	509.3 PERSONNE	POLICIES		1203		
Educe TB protein and TR Rain Rain Rain Rain Rain Rain Rain Rai	ach supervisor sha escriptions with each imployment and at I his Statute is not re research record re- rovide evidence that he contents of job di indice at the beg and annually thereat the finding includes eview of the persor- illed to provide evidence.	I discuss the conterned employee at the least annually therese as evidenced by ew, the GHMRP fat the supervisor discussioning of their employer.	peginning after.  illed to cussed h byrnent	1205	3509.3  The updated, reviewed/signed job descripattached5-20-08.  MTS has established tracking formats for file concerns and a notification process for insure proactive follow up6-10-08.	ľ
I 206 35	arr (Starr #3, #5 an een reviewed. 509.6 PERSONNEL ach employee, prior inually thereafter, sertification that a he erformed and that the	#6) job description	is had	1 206		
factor fa	ised on interviews : cility failed to achiev	et as evidenced by: and record review, the compliance with to health (22 DCM) 509.6).	ne State			
TATE FORM	•		93.0	ж т <u>и</u>	MEY11	If continuation sheet 7 or 16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G074	(X2) MUL' A. BUILD! B. WING		COMPL	(X3) DATE SURVEY COMPLETED 04/25/2008	
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY	STATE, ZIP CODE	) U-N2	JIZUU	
мтѕ	:	4012 LE	E STREET, I	NE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	I SHOULD BE COMPLETI		
1 206	Continued From page	e 7	1 206				
	of personnel record time there was no e staff (Staff #2, #4, #	agency conducted a review s on April 24, 2008, at which vidence that four direct care 5 and #6), psychologist, peech pathologist had a cate.					
l 227	3510.5(d) STAFF T	RAINING	1 227		:		
	Each training progra	m shall include, but not be ng:		3510.5 (d)		· ;	
	This Statute is not re Based on record rev have on file for revis for employees.	for staff and residents; net as evidenced by: few, the GHMRP failed to w current training in First Aid		See the attached copies of CRP and a certifications for the staff cited. MTS subjects during orientation and per the cycles thereafter, racking expirations specific basis. Staff for whom certific actually expired will receive updated 15-08.	trains these se expiration s on a person-	,	
	Trunect care staff in	view of personnel rds revealed that one of the ad current First Aid of the 11 direct care staff					
	each GHMRP shall Health, Health Facili unusual incident or interferes with a resi	CIES  orting requirement in 3519.5, otify the Department of lies Division of any other vent which substantially dent's health, welfare, living ang or in any other way	1379				
	places the resident a be made by telephor followed up by writte twenty-four (24) hou atton Administration	t risk. Such notification shall be immediately and shall be					

CTATEL ACT	NT	1		<del></del>			i
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G074		8. WING		04/2	5/2008
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY	, STATE, ZIP CODE	04/2	5/2008
MT6	·	4012 LEE		STREET, I	NE		
(X4) ID PREFIX TAG	REGULATORY OR L	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	e	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOTH CROSS-REFERENCED TO THE APPREDEFICIENCY)	KDBE	(X5) COMPLETE DATE
1 379	Continued From pa	ge 8		1379	3519.10		
	Based on record refailed to ensure its in Policy and Proceduregards to incident it enforcement or emerger for three of the three (Resident #1)  The finding includes  1. Review of the incident and #1  The finding includes  1. Review of the incident and #1  Residents #1 and #1  here a by-stander recobserved hitting the pulling on their cloth reported to the admit however the incident state agency until At  2. Review of the incident agency until March 1  Resident #2 was on facility. The incident agency until March 1  The issues of untime the state agency was conference on April 3  3. Review of the incident agency was conference on May 13. Resident #1 fell and resident #1 fell	ident reports on Aprivealed an incident the 2007 that document were on a communiported that staff was residents in the heading. The incident wan instration on July 20, was not reported to gust 4, 2007.  Ident reports on April ealed an incident that 2, 2008 that documed discovered missing financial was not reported to 15, 2008.  It is preporting of incident that discussed at the exit of t	Sody t System h law a staff lity.  I 23, at ed ity outing I and s 2007, the 23, at ented rom the the state hts to t		MTS' management team which included Executive Director, QA/Special Project Consultant, IMC/Corporate Consultant Nursing discussed this issue at length is monthly team meeting and using this is evidence of the issue. Improvement in notifications has been noted overall but problems persist as outlined by the IMC that the IMC is immediately notified we occur so that she can in turn insure time of other relevant parties including HRA incident management procedure will be responsible for insuring that the IMC is immediately when incidents occur as of delegating this responsibility to line state past. The RN will be responsible for now when issues involve physical health. More the existing guidelines, notification and relevant staff and implementation of the will be completed by6-10-08.  The RN in question for issue #3 has been the Director of Health to insure that she that she must continue to use options to the PCP until reached when medical concern communicated. The nurse in question additional the message box to be full. Other it reaching the PCP have been communicated disseminated although this is an isolated not an ongoing problem5-30-08.	els Corporate and Director the May 21 urvey as terms of time to some C. To insure then incidents ely notification, MTS' modified. The tade notified posed to ff as in the difficultions in training of the new process are trained by understands contact the is must be mits not going when she nethods for	of m
alth Regula ATE FORM	tion Administration		<u> </u>				

STATEMENT OF DE AND PLAN OF COR	RRECTION	OPG074	R/CLIA IBER:	(X2) MULT A. BUILDIN B. WING				
	ER OR SUPPLIER	09G074		P. WING		(X3) DATE SURVEY COMPLETED		
	ER OR SUPPLIER		09G074		·-	0.4/05/0555		
MTS		D)	STREET AD	DRESS, CITY.	STATE, ZIP CODE	04/25/2008		
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(X4) ID PREFIX (I TAG RI	EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY F C IDENTIFYING INFORMAT	trir i	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOTH CROSS-REFERENCED TO THE APPROPRIES OF THE APP	JLD BE	(X5) COMPLETE DATE	
1 379 Conti	inued From pa	e 9 .	e 9					
to his first a notes note, residuon the trying document document the first at the Quality of the first content of the Quality of the first content of the Quality of the first content of the Quality of the Quality of the first content of the Quality of the Quali	s right arm. The aide was provided to a provide the previous day to get out of homented that the aide was repeated that the aide was injection. In the provided the provided the provided the provided the provided the provided that she was acility's Registed the provided the provided that she was acility's Registed the provided the provided the provided that she was acility's Registed the provided the provided the provided the provided the provided that she was acility's Registed the provided the	incident futher indiced. Review of the number of the enumber of the emergency root secondary to falling a wheelchair. The number of the emergency root of the emergency root of the emergency root of alling a wheelchair. The number of the enumber o	itsing ited a ed the m (ER) while urse on to his om the the staff red a ely 10:15 ER visit vailable report,	379	3521.1 W159 The Executive Director has reinforce that she must review progress on all	ed with the Q	MRP	
Each training and more environment of phy This Sased review and training to optimum optimum training training cope was a	GHMRP shall ag to its resider a intain those I effectively with parments and to vical, mental a statute is not not no observation, the GHMRP aining to its resto acquire and with their environm levels of planing for one of the its restoration of the contraction of planing for one of the its restoration of the its resident and its restoration of the its resident and its r	on AND TRAINING provide habilitation and its to enable them to acquire to skills needed to cope the demands of their achieve their optimum levels and social functioning.  et as evidenced by:  1, interview and record alled to provide habilitation dents that would enable maintain life skills needed to ments and achieve ysical, mental and social the two reisdents in the		1420	formally adopted by the IDT for cal supported including self medication nursing. The QMRP began reviews medication objective5-20-08. Although this is not a concern elsev Executive Director reminded all QN requirement in her May meeting witeam5-20-08. In addition, the Executive Director implementation and review in her nuith each QMRP. QMRP duties checonsideration5-30-08.  W227  The self medication process that was informally for Client #2 has been me program objective that is now being See also W159 above.	for each person lication objectives run by eviewing the self 08. In elsewhere, the all QMRPs of this ing with the Management rector will audit program in her monthly meetings ties checklists reflect this that was being done been made a formal		

STATEMENT OF DEFICIENCIES (11) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G074 04/25/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MTS 4012 LEE STREET, NE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION PREFIX (XS) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1420 Continued From page 10 1420 sample. (Resident #2) The findings include: On April 24, 2008 at 本21 PM, Resident #2 was observed being administered his medications. The Licensed Practical Nurse (LPN) prepared the resident's medications, the resident poured a cup of water and the nurse handed the resident the cup of medication and he consumed the medication with verbal prompts. Interview with the LPN indicated that the resident does not have a self medication program. Review of the self medication assessment dated February 26, 2008 on April 25, 2008 at 10:00 AM indicated that the resident would benefit from a modified version of a self medication program. Interview with the Qualified Mental Retardation Professional (QMRP) and Registered Nurse indicated that the program objective had not been developed. Review of the Individual Program Plan (IPP) dated February 27, 2008 revealed no program goal or objective for the Resident #2 to receive training in self medication adminstration. 1432 3521.7(c) HABILITATION AND TRAINING 1432 3521.7 (c) The habilitation and training of residents by the W242 GHMRP shall include, when appropriate, but not be limited to, the following areas: Client #2 is newly admitted to the program (March 2008). A tooth brushing objective was added to his (c) Personal hygiene (including washing, bathing, formal program plan in May ... 5-20-08. In addition nursing will insure that staff is trained to shampooing, brushing teeth, and menstrual support Client #2 on a daily, routine basis when he care); brushes including providing touch up and/or direct brushing support if needed to insure his teeth are This Statute is not met as evidenced by: thoroughly brushed...6-10-08. Based on observation, interview and record review, the GHMRP failed to ensure residents were effectively trained in toothbrushing for one Health Regulation Administration STATE FORM TMEY11 If continuation sheet 11 of 10

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A	VU PL	MENT OF DEFICIENCIES AN OF CORRECTION	0-1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 08G074	(X2) MUL A. BUILD B. WING		(X3	COMP	SURVEY LETED 25/2008	
N/A	WE O	F PROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY	T ADDRESS, CITY, STATE, ZIP CODE				
M	TS		4012 WAS	LEE STREET, HINGTON. DC	E STREET, NE NGTON, DC 20019				
	(X4) (C REFD TAG	REGULATORY OR LE	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC DENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	CAROLIA OL MAN		(X5) COMPLITE DATE	
	143	of the two residents (Resident #2)  The finding includes: During the entrance Mental Retardation F 23, 2008 at approxim Resident #2 was administed with brown stains on resident's medical reconsultation dated Minclude moderate and all teeth quadrants. A comprehensive functification of the resident gray 2008 indicated assistance to Review of the resident (IPP) dated February at 3:00 PM failed to id program.  3521.7(f) HABILITATI The habilitation and the GHMRP shall include.	included in the sample.  conference with the Qualiful Professional (QMRP) on A nately 3:30 PM revealed the nitted into the facility on the cord revealed a dental arch 18, 2008. The finding it heavy calculus deposit of the cording to the cordinal assessment dated that the resident of thoroughly brush his teet thoroughly brush his teet thoroughly brush his teet the cordinal assessment dated that the resident professional cordinal	prillipation of the control of the c	J521.7 (f)  W159  The Executive Director has reinf that she must review progress on formally adopted by the IDT for supported including self medication objective5-20-08.  Although this is not a concern else Executive Director reminded all Crequirement in her May meeting we team5-20-08.  In addition, the Executive Director implementation and	orced wi all objection objection objection the control of the light of	th the dives to self this danage	QMRP un by	
	-	(f) Health care (including use and self-administration, care and use of prodevices, preventive health statute is not me	ing areas:  It skills related to nutrition  It on of medication, first  Sthetic and orthotic  It care, and safety);		with each QMRP. QMRP duties of consideration5-30-08.  W227  The self medication process that we informally for Client #2 has been m program objective that is now being See also W159 above.	s being (	reflect ione	this	
lth F		reisons (GHMRP) failr	id for Mentally Retarded			. !			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (21)		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A BUILDING  B. WING		(X3)	DATE:	SURVEY LETED
09G074			i		1	04/	25/2008
NAME OF	PROVIDER OR SUPPLIER			, STATE, ZIP CODE		V-7//	<u> </u>
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1436	habilitation and train	ill ir <b>II</b> to residents in the domain	1435		_		
	of self medication for the sample. (Reside	r one of the two residents in					
•	The finding includes	· <b> </b>	-	·	•		
	The facility failed tea or participate in a se recommended in his assessments.	ch Resident #2 to administer If medication program as self medication					
	2008 at 7:21 PM, Re- receiving Atarax 25 radministered by the nurse revealed that tin a self-administration throughout the survey was capable of feedi	naise. Interview with the har resident was not involved in program. Observations viewealed the the resident		·			
ĺ	25, 2008 revealed a stated February 26, 2 resident was recommobjective with nurse states.	ite facility had implemented		3521.7(g)			
1 437	3521.7(g) HABILITAT	ON AND TRAINING	1437	W249		-	
	GHMRP shall include be limited to, the follo		The library objective for Client #2 will be implemented by6-15-08.  Client #2 is a new admittance who came without all proper identificat on and as such, could not obtain a library eard. The ssuchas been addressed at this population and the same has been addressed at this population.				nt
	telephone, letter writing utilization of communum books, newspapers, r	refucting language (i.e., signing, use of the (i.g., and availability and (attons media, such as regazines, radio, television,		and his card will be obtained by 6-1-08	i.		
alih Regula	tion Administration	1	<del></del> .1			$oxed{L}$	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER; 09G074	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(XS) (	DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER					, STATE, ZIP CODE	Ь	U-44,2	:3/2008
MTS		: :	4012 LE WASHIN	E STREET, I GTON, DC	NE 20019			
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l <b>437</b>	telephone, and such may be required); This Statute is not r	ne¢	ecialized equipment as	1437				
	review, the facility fa and training for one in the sample. (Res	ile: of I	staff interview and record to provide habilitation he two residents included ht #2)					
	Frofessional (QMRF 23, 2008 revealed the to the facility on February Parket individual Habilitation February 27, 2008. revealed that the res Plan (IPP) to visit the material had not bee surveyor asked the Cimplementation of the	ial (idea in finite) at in finite in	he resident had an an (IHP) meeting dated interview with the QMRP ht's Individual Program rary and select reading polemented. The					
1 443	GHMRP shall include be limited to, the folio	o s biz Tic rair	chieve the resident's Ity had not been IN AND TRAINING Ing of residents by the hen appropriate, but not	l <b>443</b>	W126  Client #2 had his money management of to his program in plementation plan in his The QMRP had ceveloped the objective stated it pending staff training. The QM that all objectives adopted by the IDT for individual supported are implemented in frame prescribed and the Executive Directompliance in her monthly meetings with QMRP5-30-08.	May	5-20-( ad not l insu nc	08. rc
- !	and banking);		fundaming prodering		·, · · · · · · · · · · · ·			· ,

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STATEMENT OF DEF(DENCIES AND PLAN OF CORRECTION		M) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(XZ) MULTIPLE CONSTRUCTION A BUILDING B. WING		(203)	DATE : COMPL	SURVEY LETED
<u> </u>		09G074	09G074				04/2	25/2008
NAME OF	PROVIDER OR SUPPLIER	: · · · · · · · · · · · · · · · · · · ·			STATE, ZIP CODE	· <del></del>		
MTS			4012 LEE STREET, NE WASHINGTON, DC 20019					
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1 443	Continued From pag	14		1443				<del>                                     </del>
	This Statute is not related on interview a GHMRP failed to proin money managem two residents in the	nat as evidenced by and record verification ovide training to its n exit and banking for	on, the esidents one of					
	The finding includes Interview with the Quartofessional on April 3:30 PM, revealed the Petruary 4, 2008 indicated that the resupport Plan meeting.	ralified Mental Retar 23, 2007 at approx at Resident#2 was The QMRP further iffent had an Individ	imately admitted r lual	•				
	Observations and interest of the staff on April 24, 200 revealed that Reside pizza boxes. The bil resident's day programsident initial 30 day potentially earn a stip production.	s view with the day  E at approximately 1  If #2 participated in  If gual teacher at the  If indicated that after  Theeting, the reside	program 10:30 AM folding er the ent could					
İ	Review of the Reside revealed a Comprehe Assessment dated F the resident cannot in combinations. Furthe Individual Program P 2008 revealed no evideveloped a program need from the comprassessment.	ensive Functional ensurary 2007 reveal fantify coins or make if review of the resid kan (IPP) dated Febrarice that the facilit if objective based on	ed that e coin dent ruary 27,					
1	3523.1 RESIDENT'S			1500				
	Each GHMRP reside that the rights of reside protected in accordant protected br>protected protected	ants are observed a	and			-		
aith Regula	tion Administration							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G074		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3)	DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET AL			DDRESS, CITY, STATE, ZIP CODE				25/2008		
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1 500	Continued From pay chapter, and other a laws.	- 1		d federal	t 500	3523.1			
	Retardation (GHMR	An, On Pi Pi Pins	nterview and record e for Persons with Mentel alled to observe and esident, in accordance			ent forms spe trations and f I as one for m t is required, ned on their u ations at this c implemente n obtained fo	or edical The se ime. d		
1	1. The facility failed if would ensure clients risks and benefits of the two clients in the Deficiency Report cit  2. The facility failed behavior Intervention	tin tin sa tin	at were informed our medication for medication for mple. [See Feder on W124] ensure that each chaigue, including	of their one of ral client's I the use	,	the guardian of Client #1 and the guardian has need the guardian of Client #1 and the guardian-making support person for supported who example provide information themselves5-3:)-08.	ardian or prin	пагу	
	of behavior modificat with the written information parents (if the client if for one of the two client) Federal Deficiency R	กเล 5 a ยาน	consent of the c minor) or legal gr in the sample. It	lient, uardian See					
alih Requia	fion Administration		-						